

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

ADDRESS (number and street)

214 South Bronough Street

☐Check if different  
than previously  
reported. (ACC)

Tallahassee

FL

32302

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005561

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

07

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alma Gonzalez

Signature of Treasurer

Electronically Filed by Alma Gonzalez

Date

12

10

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Transfers received from the DNC, DCCC, DSCC and candidate committees, not including ASDC/Dollars for Democrats and DNC Victory Fund, were not for joint fundraising. None of the transfer in money received from the DNC or DCCC was used in the payments made for exempt activities. None of the expenses listed on Line 21b were public communications or FEA activities. None of the expenditures listed on Line 30b were expressed advocacy. The payments listed on H4, including all consulting fees, were administrative/committee fundraising expenses and not FEA nor in connection with a federal election. Payroll and all related expenses reported on Schedule H4 were for staff that did not spend more than 25% of their time on FEA or in connection with a federal election.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 140

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		726822.32
(b) Cash on Hand at Beginning of Reporting Period .....	1218388.52	
(c) Total Receipts (from Line 19) .....	815085.51	2086058.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2033474.03	2812880.38
7. Total Disbursements (from Line 31) .....	385974.04	1165380.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1647499.99	1647499.99
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	18541.50	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	64160.00	463337.02
(ii) Unitemized .....	10000.00	46780.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	74160.00	510117.31
(b) Political Party Committees .....	405720.00	434613.70
(c) Other Political Committees (such as PACs) .....	17500.00	78900.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	497380.00	1023631.01
12. Transfers From Affiliated/Other Party Committees .....	168790.21	568308.31
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	503.25	32035.94
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	84.35	766.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	148327.70	461315.96
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	148327.70	461315.96
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	815085.51	2086058.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	666757.81	1624742.10

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	39608.09	177061.40	
(ii) Non-Federal Share.....	222421.17	757657.11	
(b) Other Federal Operating Expenditures.....	67362.83	158462.39	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	329392.09	1093180.90	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	2650.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	2650.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	56581.95	69549.49	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	56581.95	69549.49	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	385974.04	1165380.39	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	163552.87	407723.28	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	497380.00	1023631.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	497380.00	1020981.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	106970.92	335523.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	503.25	32035.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	106467.67	303487.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Francisco Aruca

Mailing Address 3628 Alcott St

City

Denver

State

CO

Zip Code

80211-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marczul ChartersOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 1 0

Transaction ID: C4718491

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Rita Attia

Mailing Address 3507 Bayshore Blvd., Suite 402

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 1 0

Transaction ID: C4601332

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Scott Baena

Mailing Address 200 S Biscayne Blvd  
Ste 2500

City

Miami

State

FL

Zip Code

33131-5340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bilzin Sumberg Dunn Baena  
Price & AxelOccupation  
Suite 2500

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604098

Amount of Each Receipt this Period

4500.00

SUBTOTAL of Receipts This Page (optional) .....

14860.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Heather Beaven

Mailing Address PO Box 352084

City

Palm Coast

State

FL

Zip Code

32137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEO

Occupation

FL Endowment Foundation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: C4591531

Amount of Each Receipt this Period

360.00

**B.**

Full Name (Last, First, Middle Initial)

Alan Bookman

Mailing Address 30 S Spring St  
po drawer 1271

City

Pensacola

State

FL

Zip Code

32502-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emmanuel Sheppard & Cordon

Occupation

Law firm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604124

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Boylan

Mailing Address 250 Isle Drive

City

St Pete Beach

State

FL

Zip Code

33706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: C4720747

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

885.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Helen &amp; Arlin Briley

Mailing Address 219 4th Avenue North #300

City

St. Petersburg

State

FL

Zip Code

33701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: C4591532

Amount of Each Receipt this Period

360.00

**B.**

Full Name (Last, First, Middle Initial)

Cecilia A. Bryant, PA

Mailing Address 4339 Ortega Forest Dr

City

Jacksonville

State

FL

Zip Code

32210-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cecilia Bryant, PAOccupation  
Vice President/General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718580

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Barry Burak

Mailing Address 8000 SW 67th Ave

City

Miami

State

FL

Zip Code

33143-7702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated HealthcareOccupation  
Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718574

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1610.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Celeste C. Bush

Mailing Address 412 Farmers Market Rd

City

Fort Pierce

State

FL

Zip Code

34982-8228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed/ St. Lucie  
DEC

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4718334

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Celeste C. Bush

Mailing Address 412 Farmers Market Rd

City

Fort Pierce

State

FL

Zip Code

34982-8228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed/ St. Lucie  
DEC

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 1 0

Transaction ID: C4720750

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher V. Carlyle

Mailing Address 1215 S 9th St

City

Leesburg

State

FL

Zip Code

34748-6845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carlyle Appellate Law Firm

Occupation

Law Firm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604096

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

John Cortes

Mailing Address 216 Old Mill Cir

City

Kissimmee

State

FL

Zip Code

34746-6060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kissimmee City Commission

Occupation

City Commisioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: C4718638

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Yolanda Escollies

Mailing Address 5333 Collins Avenue  
#1106

City

Miami Beach

State

FL

Zip Code

33140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: C4591524

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Maurice Ferre

Mailing Address 3900 Poinciana Ave

City

Miami

State

FL

Zip Code

33133-6424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ferre and Associates

Occupation

Political consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: C4718629

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Hector D. Fortun

Mailing Address 365 Palermo Ave

City

Coral Gables

State

FL

Zip Code

33134-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fortun Insurance

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718573

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Fredrica S. Wilson For Congress

Mailing Address 19821 NW 2nd Ave  
# 354

City

Miami

State

FL

Zip Code

33169-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: C4718590

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Armando Garcia

Mailing Address 10304 SW 115th Ct

City

Miami

State

FL

Zip Code

33176-2540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Complete Medical Rehabili-  
tation Family

Occupation  
Cardiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 1 0

Transaction ID: C4718502

Amount of Each Receipt this Period

8500.00

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

**B.** Form/Schedule : **SA11AI**  
Transaction ID : **C4718590**

The receipt from Fredrica S. Wilson for Congress was for voter file purchase as fair market value. The Committee assessed the usual and normal charge for the goods and/or services provided. The market value was set after analyzing comparable vendors in the surrounding area/market.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Armando Garcia

Mailing Address 10304 SW 115th Ct

City

Miami

State

FL

Zip Code

33176-2540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Complete Medical Rehabili-  
tation Family

Occupation  
Cardiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 1 0

Transaction ID: C4718504

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Francine A. Garcia

Mailing Address 15346 Ponce De Leon Lane

City

Clermont

State

FL

Zip Code

34714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604135

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Jack Glottmann

Mailing Address 701 SW 27th Ave. Ste. 701

City

Miami

State

FL

Zip Code

33135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saglo Development Corpora-  
tion

Occupation  
Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: C4695912

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

James Golden

Mailing Address PO Box 488

City

Bradenton

State

FL

Zip Code

34206-0488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4718374

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory Haile

Mailing Address 410 NE 94th St

City

Miami Shores

State

FL

Zip Code

33138-2846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berger Singerman

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 1 0

Transaction ID: C4718456

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Patrick Hannah

Mailing Address 2350 Meridian Parkway #300

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hennch Consulting Group

Occupation  
Political consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4718406

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional) .....

1960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Allen Harper

Mailing Address 265 County Road 204

City

Durango

State

CO

Zip Code

81301-8843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Heritage Railway

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: C4718465

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Brodes H. Hartley, Jr., Jr.

Mailing Address 7800 SW 170th St

City

Palmetto Bay

State

FL

Zip Code

33157-4868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Health of South  
Dade

Occupation  
Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604113

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Curt Jacobson

Mailing Address 2138 River Ridge Dr

City

Sarasota

State

FL

Zip Code

34239-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4718345

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Nancy C. Jacobson

Mailing Address 1730 Reppard Rd.

City

Orlando

State

FL

Zip Code

32803-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4718436

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy C. Jacobson

Mailing Address 1730 Reppard Rd.

City

Orlando

State

FL

Zip Code

32803-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718579

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Kirkwood

Mailing Address 450 Knights Run Ave  
Unit 1208

City

Tampa

State

FL

Zip Code

33602-5806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barnett, Bolt, Kirkwood  
& Long

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718584

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Ron Klein

Mailing Address 1900 Glades Road  
Suite 200

City State Zip Code  
Boca Raton FL 33431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US Legislator

Occupation  
Congressman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: C4695855

Amount of Each Receipt this Period

1300.00

**B.**

Full Name (Last, First, Middle Initial)

Ron Klein

Mailing Address 1900 Glades Road  
Suite 200

City State Zip Code  
Boca Raton FL 33431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US Legislator

Occupation  
Congressman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: C4695857

Amount of Each Receipt this Period

1800.00

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Kosmas

Mailing Address 920 E 3rd Ave

City State Zip Code  
New Smyrna Beach FL 32169-3147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self employed

Occupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: C4718315

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

3400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Janet Long

Mailing Address 11783 Ashley Court

City

Seminole

State

FL

Zip Code

33772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clearwater Central Catho-  
lic High School

Occupation

Special Assistant to the President / A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4718339

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Lori Edwards Campaign

Mailing Address PO Box 280

City

Eagle Lake

State

FL

Zip Code

33839-0280

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: C4695905

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Marta Losada

Mailing Address 6470 SW 82nd St

City

Miami

State

FL

Zip Code

33143-7912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718576

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

B. Form/Schedule : **SA11AI**  
Transaction ID : **C4695905**

The receipt from The Lori Edwards Campaign was for voter file purchase as fair market value. The Committee assessed the usual and normal charge for the goods and/or services provided. The market value was set after analyzing comparable vendors in the surrounding area/market.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Marsha G. Madorsky

Mailing Address 2000 S Bayshore Dr  
villa 41

City State Zip Code  
Miami FL 33133-3252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carlton Fields

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604104

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Mason

Mailing Address 3939 Snapper Pointe Dr

City State Zip Code  
Tampa FL 33611-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bay Care Health Systems

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604099

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Tom McKone

Mailing Address 687 Alderman Road, Ste 115

City State Zip Code  
Palm Harbor FL 34683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.C. Recruits

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4695853

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Gwendolyn F. McLin

Mailing Address 5415 Banana Point Dr

City

Okahumpka

State

FL

Zip Code

34762-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Board Of Regents

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 0

Transaction ID: C4601845

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Corinne T. T. Miller

Mailing Address 22065 Palms Way  
Apt 101

City

Boca Raton

State

FL

Zip Code

33433-8014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: C4718641

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Michael T. Moore

Mailing Address 3515 Anderson Rd

City

Coral Gables

State

FL

Zip Code

33134-7050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holland & Knight

Occupation

Attorney- Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718575

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Philip Morton

Mailing Address 11704 Sunowa Springs Trl

City

Bryceville

State

FL

Zip Code

32009-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	0

Transaction ID: C4595130

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Jared Moskowitz

Mailing Address 480 SW 12th Ave  
Ste 103

City

Pompano Beach

State

FL

Zip Code

33069-3538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

Transaction ID: C4718326

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth F. Murrah

Mailing Address 1601 Legion Dr  
Alpha Tau Omega Foundation

City

Winter Park

State

FL

Zip Code

32789-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Murrah, Doyle & Wigle, P.-  
A.Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	0

Transaction ID: C4718461

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Craig Newmark

Mailing Address 156 Woodland Ave

City

San Francisco

State

CA

Zip Code

94117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Craigslist, Inc.

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: C4591523

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Nicholson

Mailing Address 1423 West Main Street, Apt 3F

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Indiana

Occupation

Deputy Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: C4591527

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel F. Parham

Mailing Address 68 Brunett Lane

City

Palm Coast

State

FL

Zip Code

32137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

E-Commerce Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: C4695880

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Almena H. Pettit

Mailing Address 1424 Vieux Carre Dr

City

Tallahassee

State

FL

Zip Code

32308-7732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B & A Properties

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: C4696252

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joan Pollitt

Mailing Address 2614 Tamiami Tr N #524

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718578

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Sylvie Posner

Mailing Address 1721 Corsica Dr

City

Wellington

State

FL

Zip Code

33414-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: C4719091

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Walter Postula

Mailing Address 320 Mendoza Ave  
Apt 6

City State Zip Code  
Miami FL 33134-3812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718567

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Justice Ira J. Raab

Mailing Address 9452 Lantern Bay Cir

City State Zip Code  
West Palm Beach FL 33411-5169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Court of Appeals

Occupation  
Justice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: C4720763

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Richard K. Reiner

Mailing Address 2711 Orchard Dr

City State Zip Code  
Apopka FL 32712-4501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Hospital

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604125

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Jim Reynolds

Mailing Address 300 Palm Dr  
Apt 4

City State Zip Code  
Naples FL 34112-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4718434

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Rudy Moise For Congress

Mailing Address PO Box 680417

City State Zip Code  
Miami FL 33168-0417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2110.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: C4696258

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Stewart Shaffer

Mailing Address 14345 Sanhatchee Street

City State Zip Code  
Clermont FL 34711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604114

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Marcia Smith

Mailing Address 361 SW 187th Ave

City

Pembroke Pines

State

FL

Zip Code

33029-5435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Polk County Schools

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: C4718647

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Solomon

Mailing Address 13865 S. Dixie Hw.  
Suite 307

City

Miami

State

FL

Zip Code

33176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4717480

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Neal R. Sonnett

Mailing Address Two South Biscayne Boulevard, Suit

City

Miami

State

FL

Zip Code

33131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: C4591525

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

William Ulbricht

Mailing Address 2304 Dovewood Estates Ct

City

Valrico

State

FL

Zip Code

33594-4659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Anthony's Heath Care

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604115

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Upchurch

Mailing Address 125 S Palmetto Ave

City

Daytona Beach

State

FL

Zip Code

32114-4333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upchurch, Watson, White, &  
Fraxed

Occupation  
Attorney/Mediator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718582

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Morris Weinberg, Jr.

Mailing Address 3415 Mullen Avenue

City

Tampa

State

FL

Zip Code

33609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zuckerman Spaeder

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: C4696249

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Ian Whitney

Mailing Address 1209 Virginia St  
Apt 3

City State Zip Code  
Key West FL 33040-3452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Innkeepers Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: C4718384

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Gwynne A. Young

Mailing Address 4208 W Beach Park Dr

City State Zip Code  
Tampa FL 33609-3814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carlton Fields

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604093

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Young

Mailing Address 12351 Rock Garden Ln

City State Zip Code  
Miami FL 33156-5733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718570

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Roy C. Young

Mailing Address PO Box 1833

City

Tallahassee

State

FL

Zip Code

32302-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Young, Van Assenderp, Var-  
nadoe & Ander

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: C4718581

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

64160.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 140

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing  
federal political committee.**C**

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765602.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	0

Transaction ID: C4728296

Amount of Each Receipt this Period

400000.00

**B.**

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C**

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79757.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Transaction ID: C4731371

Amount of Each Receipt this Period

3220.00

\* In-Kind: Voter File Access

**C.**

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C**

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79757.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	0

Transaction ID: C4718621

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

405720.00

TOTAL This Period (last page this line number only) .....

405720.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 140

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Committee on Letter Carriers Political Education -

Mailing Address 100 Indiana Ave NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: C4720683

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code  
Weston FL 33326

FEC ID number of contributing  
federal political committee. **C** C00385773

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: C4696255

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)  
MILLENNIUM LEADERSHIP PAC; THE

Mailing Address PO BOX 100277

City State Zip Code  
FT LAUDERDALE FL 33310

FEC ID number of contributing  
federal political committee. **C** C00451609

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: C4696266

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

**B.** Form/Schedule : **SA11C**  
Transaction ID : **C4696255**

The receipt from Debbie Wasserman Shultz For Congress was for voter file purchase as fair market value. The Committee assessed the usual and normal charge for the goods and/or services provided. The market value was set after analyzing comparable vendors in the surrounding area/market.

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 140

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

SEIU C.O.P.E. Fund

Mailing Address 1313 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00004036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: C4718594

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

17500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Glenn Burkett For Us Burkett

Mailing Address 5431 Airport Pulling Rd N

City

Naples

State

FL

Zip Code

34109-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn Burkett for US Sena-  
te

Occupation

Political Campaign

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 1 0

Transaction ID: C4720771

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Campaign Account for Kendrick Meek

Mailing Address 111 NW 183RD STREET SUITE 325

City

MIAMI

State

FL

Zip Code

33169

FEC ID number of contributing  
federal political committee.

C

C00458646

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: C4604141

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing  
federal political committee.

C

C00000935

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

163842.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: C4720391

Amount of Each Receipt this Period

22795.00

**SUBTOTAL** of Receipts This Page (optional) .....

23325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

163842.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: C4720395

Amount of Each Receipt this Period

64015.00

**B.**

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

163842.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: C4720405

Amount of Each Receipt this Period

56950.00

**C.**

Full Name (Last, First, Middle Initial)  
Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79757.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: C4592125

Amount of Each Receipt this Period

4924.00

**SUBTOTAL** of Receipts This Page (optional) .....

125889.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Ed Tautiva for Congress

Mailing Address P.O. Box 210896

City

West Palm Beach

State

FL

Zip Code

33421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: C4718637

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

James Piccillo for Congress Campaign Account

Mailing Address 7810 Land O Lakes Blvd

City

Land O Lakes

State

FL

Zip Code

34638-5701

FEC ID number of contributing  
federal political committee.

C

C00460642

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: C4696261

Amount of Each Receipt this Period

2300.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79757.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: C4720700

Amount of Each Receipt this Period

16976.21

**SUBTOTAL** of Receipts This Page (optional) .....

19576.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Shirley Baer

Mailing Address 6621 SE Harbor Cir

City

Stuart

State

FL

Zip Code

34996-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: C4730044

Amount of Each Receipt this Period

213.75

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Jean Bookout

Mailing Address 1212 San Mateo Dr

City

Punta Gorda

State

FL

Zip Code

33950-6328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: C4730048

Amount of Each Receipt this Period

285.00

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

C. Corley

Mailing Address 15430 Catalpa Cove Lane

City

Fort Myers

State

FL

Zip Code

33908-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C2 Productions, Inc.

Occupation  
Freelance Voice Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: C4730054

Amount of Each Receipt this Period

950.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

DNC Services Corp

Mailing Address 430 S. Capitol St SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47395.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: C4730074

Amount of Each Receipt this Period

47395.04

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Charles Flanders

Mailing Address 6340 NW 200TH St.

City

Hialeah

State

FL

Zip Code

33015-2184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

Transaction ID: C4730052

Amount of Each Receipt this Period

190.00

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Cecil Fleming

Mailing Address 582 SW Fairway Ave

City

Port St Lucie

State

FL

Zip Code

34983-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 1 0

Transaction ID: C4730056

Amount of Each Receipt this Period

285.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Florence Free

Mailing Address 100 Sunrise Ave

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: C4730050

Amount of Each Receipt this Period

323.00

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM LAIMBEER

Mailing Address 220 S COLLIER BLVD PH A

City

MARCO ISLAND

State

FL

Zip Code

34145-4863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: C4730057

Amount of Each Receipt this Period

285.00

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Jesse Z Lurie

Mailing Address 401 E Linton Blvd  
Apt 656

City

Delray Beach

State

FL

Zip Code

33483-5088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: C4730063

Amount of Each Receipt this Period

475.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Tim Murphy

Mailing Address 84 Dunbar Rd E

City

West Palm Bch

State

FL

Zip Code

33418-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Certus Vieil Tech

Occupation  
Anazlst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: C4730067

Amount of Each Receipt this Period

142.50

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Tim Murphy

Mailing Address 84 Dunbar Rd E

City

West Palm Bch

State

FL

Zip Code

33418-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Certus Vieil Tech

Occupation  
Anazlst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: C4730068

Amount of Each Receipt this Period

71.25

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Margaret Saunders

Mailing Address 6945 Carlisle Ct., Apt C138

City

Naples

State

FL

Zip Code

34109-8902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: C4730069

Amount of Each Receipt this Period

1900.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Ruth Hunt Schultz

Mailing Address 832 NW 45TH Ter

City

Gainesville

State

FL

Zip Code

32605-5504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: C4730065

Amount of Each Receipt this Period

285.00

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Judith Thomson

Mailing Address 5969 San Michelle Dr  
Same

City

Sarasota

State

FL

Zip Code

34243-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

Transaction ID: C4730071

Amount of Each Receipt this Period

95.00

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Judith Thomson

Mailing Address 5969 San Michelle Dr  
Same

City

Sarasota

State

FL

Zip Code

34243-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C4730072

Amount of Each Receipt this Period

190.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Democratic National Committee - Unitemized

Mailing Address 430 South Capitol Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

2208.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: CZ4720700

Amount of Each Receipt this Period

2208.75

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

168790.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Blue Cross and Blue Shield of Florida

Mailing Address P.O. Box 2210

City

Jacksonville

State

FL

Zip Code

32232-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

503.25

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: C4595161

Amount of Each Receipt this Period

503.25

**SUBTOTAL** of Receipts This Page (optional) .....

503.25

**TOTAL** This Period (last page this line number only) .....

503.25

A. Form/Schedule : **SA15**

Refund due to billing error made on 10/4/07.

Transaction ID : **C4595161**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

766.84

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 1 0

Transaction ID: C4728349

Amount of Each Receipt this Period

84.35

**SUBTOTAL** of Receipts This Page (optional) .....

84.35

**TOTAL** This Period (last page this line number only) .....

84.35

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
American Express Merchant Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement

Merchant Service Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313761

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

11.05

**B.** Full Name (Last, First, Middle Initial)  
American Express Merchant Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement

Merchant Service Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313762

Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

361.13

**C.** Full Name (Last, First, Middle Initial)  
AMO Recoveries

Mailing Address 19401 40th Avenue W., Suite 440

City Lynnwood State WA Zip Code 98036

Purpose of Disbursement

Admin Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D308282

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

410.49

**SUBTOTAL** of Disbursements This Page (optional) .....

782.67

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Blue Cross and Blue Shield of Florida

Mailing Address P.O. Box 2210

City  
JacksonvilleState  
FLZip Code  
32232-5005Purpose of Disbursement  
Benefits

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D308643

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	0

Amount of Each Disbursement this Period

354.03

**B.**

Full Name (Last, First, Middle Initial)

Blue Cross and Blue Shield of Florida

Mailing Address P.O. Box 2210

City  
JacksonvilleState  
FLZip Code  
32232-5005Purpose of Disbursement  
Benefits

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D308644

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	0

Amount of Each Disbursement this Period

1063.47

**C.**

Full Name (Last, First, Middle Initial)

Blue Cross and Blue Shield of Florida

Mailing Address P.O. Box 2210

City  
JacksonvilleState  
FLZip Code  
32232-5005Purpose of Disbursement  
Benefits

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D312732

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	0

Amount of Each Disbursement this Period

2503.05

SUBTOTAL of Disbursements This Page (optional) .....

3920.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Blue Cross and Blue Shield of Florida

Mailing Address P.O. Box 2210

City Jacksonville State FL Zip Code 32232-5005

Purpose of Disbursement  
Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312733

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

726.00

**B.** Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 1630

City Tallahassee State FL Zip Code 32302-1630

Purpose of Disbursement  
Merchant Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D313757

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 1630

City Tallahassee State FL Zip Code 32302-1630

Purpose of Disbursement  
Merchant Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D313758

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

40.00

**SUBTOTAL** of Disbursements This Page (optional) .....

786.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D313759</p> <p>Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 323.54</p> <p>Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Voter File Access</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D315255</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 3220.00</p> <p>Category/ Type</p> <p>* In-Kind Received</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Elavon Merchant Services</p> <p>Mailing Address 1 Concourse Pkwy NE Ste 300</p> <p>City Atlanta State GA Zip Code 30328-5346</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D313760</p> <p>Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 309.76</p> <p>Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

3853.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Elavon Merchant Services</p> <p>Mailing Address 1 Concourse Pkwy NE Ste 300</p> <p>City Atlanta State GA Zip Code 30328-5346</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D313763</p> <p>Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 70.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Elavon Merchant Services</p> <p>Mailing Address 1 Concourse Pkwy NE Ste 300</p> <p>City Atlanta State GA Zip Code 30328-5346</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D313764</p> <p>Date of Disbursement 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 295.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Greater St. Luke AME</p> <p>Mailing Address PO Box 176</p> <p>City Malone State FL Zip Code 32445-0176</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D313286</p> <p>Date of Disbursement 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

415.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Nesbitt Research

**Transaction ID:** D308588

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Mailing Address 2120 L St NW  
Ste 305

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20037-1563

2599.95									
---------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
Consulting/ Research

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

New Partners Consulting, Inc.

**Transaction ID:** D313283

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

Mailing Address 401 9th St NW  
Ste 725

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20004-2176

33084.83									
----------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
Consulting/Fundraising

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Payroll Matters

**Transaction ID:** D313318

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

Mailing Address 2069 North Monroe Street

Amount of Each Disbursement this Period

City Tallahassee State FL Zip Code 32303

5194.45									
---------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
Payroll Tax

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

40879.23

**TOTAL** This Period (last page this line number only) .....

B. Form/Schedule : **SB21B**  
Transaction ID : **D313283**

Expenditures made to New Partner's Consulting for consulting/fundraising activity was solely for the benefit of the Executive Committee.

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D313320 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
<table border="1"> <tr> <td>City Tallahassee</td> <td>State FL</td> <td>Zip Code 32303</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Payroll Tax</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Tallahassee	State FL	Zip Code 32303	Purpose of Disbursement Payroll Tax		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>408.74</td> </tr> </table>	408.74											
City Tallahassee	State FL	Zip Code 32303																			
Purpose of Disbursement Payroll Tax		<input type="text"/> Category/ Type																			
Candidate Name																					
408.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D313321 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
<table border="1"> <tr> <td>City Tallahassee</td> <td>State FL</td> <td>Zip Code 32303</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Payroll Fee</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Tallahassee	State FL	Zip Code 32303	Purpose of Disbursement Payroll Fee		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>7.25</td> </tr> </table>	7.25											
City Tallahassee	State FL	Zip Code 32303																			
Purpose of Disbursement Payroll Fee		<input type="text"/> Category/ Type																			
Candidate Name																					
7.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D313332 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
<table border="1"> <tr> <td>City Tallahassee</td> <td>State FL</td> <td>Zip Code 32303</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Payroll Tax</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Tallahassee	State FL	Zip Code 32303	Purpose of Disbursement Payroll Tax		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2677.14</td> </tr> </table>	2677.14											
City Tallahassee	State FL	Zip Code 32303																			
Purpose of Disbursement Payroll Tax		<input type="text"/> Category/ Type																			
Candidate Name																					
2677.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3093.13**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D313398 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Tallahassee State FL Zip Code 32303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Tax Candidate Name	<table border="1"> <tr> <td colspan="10">1266.04</td> </tr> </table>	1266.04																			
1266.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D313399 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Tallahassee State FL Zip Code 32303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Tax Candidate Name	<table border="1"> <tr> <td colspan="10">317.48</td> </tr> </table>	317.48																			
317.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D313400 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Tallahassee State FL Zip Code 32303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Tax Candidate Name	<table border="1"> <tr> <td colspan="10">1825.38</td> </tr> </table>	1825.38																			
1825.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3408.90**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D313401 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Tallahassee State FL Zip Code 32303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Fee Candidate Name	<table border="1"> <tr> <td colspan="10">63.25</td> </tr> </table>	63.25																			
63.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D312073 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	1	0												
City Tallahassee State FL Zip Code 32303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Fees Candidate Name	<table border="1"> <tr> <td colspan="10">36.50</td> </tr> </table>	36.50																			
36.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters	<b>Transaction ID:</b> D312077 <b>Date of Disbursement</b>																				
Mailing Address 2069 North Monroe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	1	0												
City Tallahassee State FL Zip Code 32303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Tax Candidate Name	<table border="1"> <tr> <td colspan="10">6081.88</td> </tr> </table>	6081.88																			
6081.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6181.63**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Principal Financial Group

Mailing Address P. B. Box 14416  
Dept. 900

City State Zip Code  
Des Moines IA 50306-3416

Purpose of Disbursement  
Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312734

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

79.74

B.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code  
Tallahassee FL 32317

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D308589

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

69.00

C.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code  
Tallahassee FL 32317

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D308590

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

69.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

148.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Christopher Lazo

Mailing Address 472 W. Jefferson St. Apt 318

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D308667

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

120.63

B.

Full Name (Last, First, Middle Initial)

Christopher Lazo

Mailing Address 472 W. Jefferson St. Apt 318

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D308668

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

120.63

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D310200

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

163.80

SUBTOTAL of Disbursements This Page (optional) .....

284.43

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code  
Tallahassee FL 32317Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D310201

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Amount of Each Disbursement this Period

163.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code  
Tallahassee FL 32317Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D311835

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

325.54

C.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code  
Tallahassee FL 32317Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D311836

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

325.54

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

325.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher Lazo	<b>Transaction ID:</b> D312037 <b>Date of Disbursement</b>																				
Mailing Address 472 W. Jefferson St. Apt 318	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	9		2	0	1	0												
City Tallahassee State FL Zip Code 32301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staff Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">294.42</td> </tr> </table>	294.42																			
294.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Lazo	<b>Transaction ID:</b> D312040 <b>Date of Disbursement</b>																				
Mailing Address 472 W. Jefferson St. Apt 318	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	9		2	0	1	0												
City Tallahassee State FL Zip Code 32301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">285.12</td> </tr> </table>	285.12																			
285.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Waffle House	<b>Transaction ID:</b> D312039 <b>Date of Disbursement</b>																				
Mailing Address 1066 Highway 301	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	9		2	0	1	0												
City Baldwin State FL Zip Code 32234	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lunch Meeting Candidate Name	<table border="1"> <tr> <td colspan="10">9.30</td> </tr> </table>	9.30																			
9.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

294.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Matthew Wilson	<b>Transaction ID:</b> D312187 <b>Date of Disbursement</b>																				
Mailing Address 5760 Braveheart Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	2		2	0	1	0												
City Tallahassee State FL Zip Code 32317	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staff Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">294.22</td> </tr> </table>	294.22																			
294.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Wilson	<b>Transaction ID:</b> D312188 <b>Date of Disbursement</b>																				
Mailing Address 5760 Braveheart Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	2		2	0	1	0												
City Tallahassee State FL Zip Code 32317	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">294.22</td> </tr> </table>	294.22																			
294.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Matthew Wilson	<b>Transaction ID:</b> D312689 <b>Date of Disbursement</b>																				
Mailing Address 5760 Braveheart Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	1	0												
City Tallahassee State FL Zip Code 32317	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staff Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">227.14</td> </tr> </table>	227.14																			
227.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**521.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code  
Tallahassee FL 32317

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312690

Date of Disbursement

/   /

Amount of Each Disbursement this Period

227.14

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ashley Ball

Mailing Address 822 E 15th Ave

City State Zip Code  
New Smyrna Beach FL 32169-3404

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312691

Date of Disbursement

/   /

Amount of Each Disbursement this Period

718.94

C.

Full Name (Last, First, Middle Initial)

Ashley Ball

Mailing Address 822 E 15th Ave

City State Zip Code  
New Smyrna Beach FL 32169-3404

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312692

Date of Disbursement

/   /

Amount of Each Disbursement this Period

539.66

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

718.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 37380	<b>Transaction ID:</b> D312693 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 1 0</div> </div>
City State Zip Code Albuquerque NM 87176-7380 Purpose of Disbursement Admin Cell Phone Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>179.28</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Tarin Nix Mailing Address 11121 N Kendall Dr Apt A104 City State Zip Code Miami FL 33176-0905 Purpose of Disbursement Staff Reimbursement Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> D312835 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>359.48</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Chevron Mailing Address 501 El Camino Real City State Zip Code San Ramon CA 94030 Purpose of Disbursement Auto Travel Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> D312836 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>301.98</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

359.48

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sunpass</p> <p>Mailing Address 605 Suwannee St.</p> <p>City Tallahassee State FL Zip Code 32399</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D312837</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>57.50</div> </div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) John Estes</p> <p>Mailing Address 9884 SW 26th Ter</p> <p>City Miami State FL Zip Code 33165-2627</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D312864</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>20.00</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 501 El Camino Real</p> <p>City San Ramon State CA Zip Code 94030</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D312866</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>20.00</div> </div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

20.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Maria Quezada

Mailing Address 322 E Mayfield Blvd

City San Antonio State TX Zip Code 78214-2448

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312869

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

46.24

B.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312872

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

46.24

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sabrina Diz

Mailing Address 7180 Park St

City Hollywood State FL Zip Code 33024-3838

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312874

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

102.94

SUBTOTAL of Disbursements This Page (optional) .....

149.18

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City  
Houston

State  
TX

Zip Code  
77252

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312876

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

102.94

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Justin Shoham

Mailing Address 28 Lark Pl

City  
Old Bridge

State  
NJ

Zip Code  
08857-3062

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312879

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

55.20

C.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City  
Houston

State  
TX

Zip Code  
77252

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312880

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

55.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

55.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kevin Chambliss</p> <p>Mailing Address 746 N Annie Glidden Rd Apt 404</p> <p>City Dekalb State IL Zip Code 60115-2130</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D312881</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 27.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D312886</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 27.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ricardo Junquera</p> <p>Mailing Address 10041 SW 48th St</p> <p>City Miami State FL Zip Code 33165-6379</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D312930</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 115.55</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

142.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Citgo - Corporate

Mailing Address 1293 Eldridge Pkwy

City  
Houston

State  
TX

Zip Code  
77077-1670

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D312934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

115.55

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

William Sanchez

Mailing Address 698 NW 134th PI

City  
Miami

State  
FL

Zip Code  
33182-1668

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D312936

Date of Disbursement

/   /

Amount of Each Disbursement this Period

66.82

**C.**

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City  
Houston

State  
TX

Zip Code  
77252

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D312938

Date of Disbursement

/   /

Amount of Each Disbursement this Period

66.82

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

66.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Denise Rodriguez

Mailing Address 12514 Wandering Brook Dr

City Charlotte State NC Zip Code 28273-6974

Purpose of Disbursement

Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312943

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

41.81

B.

Full Name (Last, First, Middle Initial)

BP American Headquarters

Mailing Address 501 WestLake Park Blvd

City Houston State TX Zip Code 77079-2604

Purpose of Disbursement

Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312947

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

41.81

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Emily McIlveene

Mailing Address 2772 SW 137th Ave

City Miami State FL Zip Code 33175-6638

Purpose of Disbursement

Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312957

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

97.30

SUBTOTAL of Disbursements This Page (optional) .....

139.11

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City  
Houston

State  
TX

Zip Code  
77252

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D312964

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

97.30

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Gaston Araoz

Mailing Address 1505 Crystal Dr  
Apt 504

City  
Arlington

State  
VA

Zip Code  
22202-4117

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D312966

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

21.02

C.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263  
Bldg. 5315

City  
Ocoee

State  
FL

Zip Code  
34761

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D312970

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

21.02

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

21.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Hector Martinez

Mailing Address 11100 SW 46th St

City  
Miami

State  
FL

Zip Code  
33165-4735

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312971

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

81.58

B.

Full Name (Last, First, Middle Initial)

Chevron One Stop

Mailing Address 300 N. Washington

City  
Sarasota

State  
FL

Zip Code  
34236

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312972

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

81.58

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ashley Ball

Mailing Address 822 E 15th Ave

City  
New Smyrna Beach

State  
FL

Zip Code  
32169-3404

Purpose of Disbursement  
Staff Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D313287

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

531.22

SUBTOTAL of Disbursements This Page (optional) .....

612.80

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Ashley Ball Mailing Address 822 E 15th Ave	<b>Transaction ID:</b> D313288 <b>Date of Disbursement</b> <div> <div>07</div> <div>30</div> <div>2010</div> </div>
City New Smyrna Beach State FL Zip Code 32169-3404 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>531.22</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Wilson Mailing Address 5760 Braveheart Way City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D313289 <b>Date of Disbursement</b> <div> <div>07</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>182.83</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Matthew Wilson Mailing Address 5760 Braveheart Way City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D313290 <b>Date of Disbursement</b> <div> <div>07</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>182.83</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

182.83

**TOTAL** This Period (last page this line number only) ..... ►

67362.83

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 140

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Gaston Araoz	<b>Transaction ID:</b> D313264 <b>Date of Disbursement</b>
Mailing Address 1505 Crystal Dr Apt 504	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City Arlington State VA Zip Code 22202-4117	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>913.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Gabrielle Ann Arcangeli	<b>Transaction ID:</b> D313051 <b>Date of Disbursement</b>
Mailing Address 155 Whetherbine Way, West	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City Tallahassee State FL Zip Code 32301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>1360.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Gabrielle Ann Arcangeli	<b>Transaction ID:</b> D312075 <b>Date of Disbursement</b>
Mailing Address 155 Whetherbine Way, West	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div>
City Tallahassee State FL Zip Code 32301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>1360.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3633.44**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ashley Ball

Mailing Address 822 E 15th Ave

City  
New Smyrna Beach

State  
FL

Zip Code  
32169-3404

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D312097

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

1802.98

B.

Full Name (Last, First, Middle Initial)

Ashley Ball

Mailing Address 822 E 15th Ave

City  
New Smyrna Beach

State  
FL

Zip Code  
32169-3404

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313258

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1902.98

C.

Full Name (Last, First, Middle Initial)

Lucas P Barks

Mailing Address 71 Gray Road

City  
Gorham

State  
ME

Zip Code  
04038

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313265

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

913.24

SUBTOTAL of Disbursements This Page (optional) .....

4619.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Craig Borkon	<b>Transaction ID:</b> D313278 <b>Date of Disbursement</b>																				
Mailing Address 8571 Brody Way ---	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Boca Raton State FL Zip Code 33433	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1447.47</td> </tr> </table>	1447.47																			
1447.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bradford County Supervisor of Elections	<b>Transaction ID:</b> D312687 <b>Date of Disbursement</b>																				
Mailing Address PO Box 58	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	1	0												
City Starke State FL Zip Code 32091	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Voter File Candidate Name	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Chambliss	<b>Transaction ID:</b> D313266 <b>Date of Disbursement</b>																				
Mailing Address 746 N Annie Glidden Rd Apt 404	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Dekalb State IL Zip Code 60115-2130	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">936.41</td> </tr> </table>	936.41																			
936.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2408.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Ogden Frank Clark	<b>Transaction ID:</b> D313257 <b>Date of Disbursement</b>																				
Mailing Address 3100 NE 49th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Fort Lauderdale State FL Zip Code 33308	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1114.39</td> </tr> </table>	1114.39																			
1114.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Coppens	<b>Transaction ID:</b> D313267 <b>Date of Disbursement</b>																				
Mailing Address 2830 4th St. NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Naples State FL Zip Code 34120	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">890.08</td> </tr> </table>	890.08																			
890.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dixie County Supervisor of Elections	<b>Transaction ID:</b> D310117 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2057	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	1	0												
City Cross City State FL Zip Code 32628-2057	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Voter File	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2014.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 140

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Sabrina Diz

Mailing Address 7180 Park St

City  
Hollywood

State  
FL

Zip Code  
33024-3838

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313268

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

890.08

B.

Full Name (Last, First, Middle Initial)

John Estes

Mailing Address 9884 SW 26th Ter

City  
Miami

State  
FL

Zip Code  
33165-2627

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313269

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

936.41

C.

Full Name (Last, First, Middle Initial)

Florida Department of State

Mailing Address 500 S. Bronough St. R.A. Gray Bldg

City  
Tallahassee

State  
FL

Zip Code  
32399-0250

Purpose of Disbursement  
Voter File

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D310725

Date of Disbursement

07 / 14 / 2010

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1836.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Gadsden County Supervisor of Elections

Mailing Address PO Box 186

City Quincy State FL Zip Code 32353-0186

Purpose of Disbursement  
Voter File

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D310118

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 09 / 2010

Amount of Each Disbursement this Period

5.00

**B.** Full Name (Last, First, Middle Initial)  
Jason Garrett

Mailing Address 4493 Chase Oaks Dr.

City Sarasota State FL Zip Code 34241

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D312103

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 15 / 2010

Amount of Each Disbursement this Period

536.76

**C.** Full Name (Last, First, Middle Initial)  
Jason Garrett

Mailing Address 4493 Chase Oaks Dr.

City Sarasota State FL Zip Code 34241

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313259

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 30 / 2010

Amount of Each Disbursement this Period

1160.72

**SUBTOTAL** of Disbursements This Page (optional) .....

1702.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Michael Gray

Mailing Address 920 3rd Avenue

City State Zip Code  
 New Smyrna Beach FL 32170

Purpose of Disbursement  
 Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D313260

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1160.72

**B.**

Full Name (Last, First, Middle Initial)

Michael Gray

Mailing Address 920 3rd Avenue

City State Zip Code  
 New Smyrna Beach FL 32170

Purpose of Disbursement  
 Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D312105

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1189.64

**C.**

Full Name (Last, First, Middle Initial)

Hendry County Supervisor of Elections

Mailing Address PO Box 174

City State Zip Code  
 Labelle FL 33975-0174

Purpose of Disbursement  
 Voter File

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D310119

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.36

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Andrea D Huerfano	<b>Transaction ID:</b> D313270 <b>Date of Disbursement</b>
Mailing Address 2949 Riverside Drivr, Apt 227	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City Pompano Beach State FL Zip Code 33065 Purpose of Disbursement Salary Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>890.08</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Ricardo Junquera	<b>Transaction ID:</b> D313271 <b>Date of Disbursement</b>
Mailing Address 10041 SW 48th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City Miami State FL Zip Code 33165-6379 Purpose of Disbursement Salary Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>890.08</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mauricio Lamas	<b>Transaction ID:</b> D313279 <b>Date of Disbursement</b>
Mailing Address 23141 SW 124th Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City Miami State FL Zip Code 33170 Purpose of Disbursement Salary Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>1208.20</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2988.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Levy County Supervisor of Elections

Mailing Address 421 S. Court Street

City  
Bronson

State  
FL

Zip Code  
32621

Purpose of Disbursement  
Voter File

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D310120

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Joshua H Loewenstein

Mailing Address 1908 NW 4th Ave  
Apt 108

City  
Boca Raton

State  
FL

Zip Code  
33432-1580

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D312096

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

1060.72

C.

Full Name (Last, First, Middle Initial)

Joshua H Loewenstein

Mailing Address 1908 NW 4th Ave  
Apt 108

City  
Boca Raton

State  
FL

Zip Code  
33432-1580

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313256

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1160.73

SUBTOTAL of Disbursements This Page (optional) .....

2231.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Jason Lutin

Mailing Address 2540 NW 24th St.

City State Zip Code  
Boca Raton FL 33434

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D313062

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1967.92

B.

Full Name (Last, First, Middle Initial)

Jason Lutin

Mailing Address 2540 NW 24th St.

City State Zip Code  
Boca Raton FL 33434

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312126

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

1967.92

C.

Full Name (Last, First, Middle Initial)

Hector Martinez

Mailing Address 11100 SW 46th St

City State Zip Code  
Miami FL 33165-4735

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D313273

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

890.08

SUBTOTAL of Disbursements This Page (optional) .....

4825.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Emily McIlveene	<b>Transaction ID:</b> D313272 <b>Date of Disbursement</b>
Mailing Address 148 Meadow Brook Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Rock Spring GA 30739	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>913.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Anne O Morgan	<b>Transaction ID:</b> D313009 <b>Date of Disbursement</b>
Mailing Address 741 W Keller St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Hernando FL 34442-8810	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>2907.77</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Anne O Morgan	<b>Transaction ID:</b> D312076 <b>Date of Disbursement</b>
Mailing Address 741 W Keller St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div>
City State Zip Code Hernando FL 34442-8810	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>2907.78</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

6728.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) George Morse	<b>Transaction ID:</b> D313005 <b>Date of Disbursement</b>
Mailing Address 1908 NW 41st Ave Apt 108	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City Boca Raton State FL Zip Code 33432	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>1014.39</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Tarin Nix	<b>Transaction ID:</b> D312111 <b>Date of Disbursement</b>
Mailing Address 11121 N Kendall Dr Apt A104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div>
City Miami State FL Zip Code 33176-0905	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>2836.81</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tarin Nix	<b>Transaction ID:</b> D313263 <b>Date of Disbursement</b>
Mailing Address 11121 N Kendall Dr Apt A104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City Miami State FL Zip Code 33176-0905	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary	<div>2129.31</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5980.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Okeechobee County Supervisor of Elections

Mailing Address 307 NW 2nd Street

City Okeechobee State FL Zip Code 34972

Purpose of Disbursement  
Voter File

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D310127

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Osceola County Supervisor Of Elections

Mailing Address PO Box 420759

City Kissimmee State FL Zip Code 34742-0759

Purpose of Disbursement  
Voter File

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313291

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Martin Pallman

Mailing Address 2377 Fernview Drive

City Orange Park State FL Zip Code 32065

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313262

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1018.91

SUBTOTAL of Disbursements This Page (optional) .....

1048.91

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Pinellas County Supervisor Of Elections

Mailing Address 3001 Starkey Road

City State Zip Code  
Largo FL 33773

Purpose of Disbursement  
Voter File

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D310121

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 09 2010

Amount of Each Disbursement this Period

8.00

**B.** Full Name (Last, First, Middle Initial)  
Maria Quezada

Mailing Address 322 E Mayfield Blvd

City State Zip Code  
San Antonio TX 78214-2448

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313274

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 30 2010

Amount of Each Disbursement this Period

890.08

**C.** Full Name (Last, First, Middle Initial)  
Pamela Rivera

Mailing Address 232 Afton Square, Apt 212

City State Zip Code  
Altamonte Springs FL 32714

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313261

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 30 2010

Amount of Each Disbursement this Period

1137.55

**SUBTOTAL** of Disbursements This Page (optional) .....

2035.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Pamela Rivera

Mailing Address 232 Afton Square, Apt 212

City Altamonte Springs State FL Zip Code 32714

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312106

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 15 / 2010

Amount of Each Disbursement this Period

1037.55

B.

Full Name (Last, First, Middle Initial)

Denise Rodriguez

Mailing Address 12514 Wandering Brook Dr

City Charlotte State NC Zip Code 28273-6974

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D313275

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 30 / 2010

Amount of Each Disbursement this Period

890.08

C.

Full Name (Last, First, Middle Initial)

William Sanchez

Mailing Address 698 NW 134th PI

City Miami State FL Zip Code 33182-1668

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D313276

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 30 / 2010

Amount of Each Disbursement this Period

936.41

SUBTOTAL of Disbursements This Page (optional) .....

2864.04

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 140

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Justin Shoham Mailing Address 28 Lark Pl	<b>Transaction ID:</b> D313277 <b>Date of Disbursement</b> <div> <div>07</div> <div>30</div> <div>2010</div> </div>
City Old Bridge State NJ Zip Code 08857-3062 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>890.08</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Sumter County Supervisor of Elections Mailing Address 900 N Main St. City Bushnell State FL Zip Code 33513-6124 Purpose of Disbursement Voter File Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D312688 <b>Date of Disbursement</b> <div> <div>07</div> <div>23</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Suwanee County Supervisor of Elections Mailing Address 220 Pine Ave SW City Live Oak State FL Zip Code 32064-2315 Purpose of Disbursement Voter File Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D310136 <b>Date of Disbursement</b> <div> <div>07</div> <div>09</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

905.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Karen L. Thurman

Mailing Address 9067 S.W. 190th Ave., Rd.

City Dunnellon State FL Zip Code 34423

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312074

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

3232.95

B.

Full Name (Last, First, Middle Initial)

Karen L. Thurman

Mailing Address 9067 S.W. 190th Ave., Rd.

City Dunnellon State FL Zip Code 34423

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D313049

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

3232.95

C.

Full Name (Last, First, Middle Initial)

Union County Supervisor of Elections

Mailing Address 55 West Main St

City Lake Butler State FL Zip Code 32054

Purpose of Disbursement  
Voter File

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D312686

Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional) .....

6515.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code  
Tallahassee FL 32317

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D313255

Date of Disbursement

/   /

Amount of Each Disbursement this Period

921.02

**B.**

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code  
Tallahassee FL 32317

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D312095

Date of Disbursement

/   /

Amount of Each Disbursement this Period

821.02

**SUBTOTAL** of Disbursements This Page (optional) .....

1742.04

**TOTAL** This Period (last page this line number only) .....

56581.95

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 92 / 140

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 Production Resource Group

**Nature of Debt (Purpose):**  
 Audio Visual/Conference

Mailing Address 1902 Cypress Lake Dr

City	State	ZIP Code
Orlando	FL	32837-8458

Outstanding Balance Beginning This Period

18541.50

Transaction ID: D119404

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18541.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

18541.50

2) **TOTALS** This Period (last page this line number only)..... ▶

18541.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18541.50

**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

PAGE93 / 140

NAME OF COMMITTEE (In Full)

**DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA****RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.  
**For PACs Only** : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

## ACTIVITY OR EVENT IDENTIFIER

**Jefferson Jackson 2010**

## ACTIVITY IS:

☒ Fundraising ☐ Direct Candidate Support

## CHECK IF THE RATIO IS:

☐ New ☐ Revised ☒ Same as Previously Reported

FEDERAL %

**12.00** %

NONFEDERAL %

**88.00** %Transaction ID:  
R73

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 94 / 140  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

NAME OF ACCOUNT  
 Non Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 7 / 0 5 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

151827.43

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

151827.43

Transaction ID: T463

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 95 / 140  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

NAME OF ACCOUNT  
 Non Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 7 / 1 3 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

-3499.73

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

-3499.73

Transaction ID: T465

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

148327.70

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

148327.70

A. Form/Schedule : **H3**  
Transaction ID : **T465**

Reverse allocation of refund from Payroll Matters on 8/3/2009.



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 97 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
A-1 Florist and Exquisite

Mailing Address

109 NE 3rd Street

City	State	Zip Code
Hallandale	FL	33009

 Purpose of Disbursement:  
Flowers
Category/  
Type
 Activity or Event Identifier:  
Jefferson Jackson 2010

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

193306.14

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: D312135

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

208.80

1531.20

1740.00

**B. Full Name (Last, First, Middle Initial)**  
Alyssa Miller

Mailing Address

900 Riggins Road #723

City	State	Zip Code
Tallahassee	FL	32308

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313059

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

272.03

1023.36

1295.39

**C. Full Name (Last, First, Middle Initial)**  
Alyssa Miller

Mailing Address

900 Riggins Road #723

City	State	Zip Code
Tallahassee	FL	32308

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: D312122

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

272.03

1023.35

1295.38

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

752.86

3577.91

4330.77

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 98 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Alyssa Miller

Mailing Address

900 Riggins Road #723

City State Zip Code  
Tallahassee FL 32308

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date  M  M /  D  D /  Y  Y  Y  Y  
07 / 14 / 2010

Transaction ID: D311987

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 33.60		<input type="text"/> 126.40		<input type="text"/> 160.00

**B. Full Name (Last, First, Middle Initial)**  
Anagram Corporation

Mailing Address

310 W Jefferson St

City State Zip Code  
Tallahassee FL 32301-1419

Purpose of Disbursement:  
Admin Lease/Rent

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date  M  M /  D  D /  Y  Y  Y  Y  
07 / 06 / 2010

Transaction ID: D308592

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 801.41		<input type="text"/> 3014.84		<input type="text"/> 3816.25

**C. Full Name (Last, First, Middle Initial)**  
Avis Rent A Car - Corporate

Mailing Address

6 Sylvan Way

City State Zip Code  
Parsippany NJ 07054

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date  M  M /  D  D /  Y  Y  Y  Y  
07 / 19 / 2010

Transaction ID: D311839

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 61.76		<input type="text"/> 232.35		<input type="text"/> 294.11

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 896.77		<input type="text"/> 3373.59		<input type="text"/> 4270.36

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 99 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Avis Rent A Car - Corporate

 Mailing Address  
6 Sylvan Way

City	State	Zip Code
Parsippany	NJ	07054

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	0

Transaction ID: D311841

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

100.57

378.33

478.90

**B. Full Name (Last, First, Middle Initial)**  
Blue Cross and Blue Shield of Florida

 Mailing Address  
P.O. Box 2210

City	State	Zip Code
Jacksonville	FL	32232-5005

 Purpose of Disbursement:  
Benefits
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	1	0

Transaction ID: D308645

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1285.46

4835.80

6121.26

**C. Full Name (Last, First, Middle Initial)**  
Blue Cross and Blue Shield of Florida

 Mailing Address  
P.O. Box 2210

City	State	Zip Code
Jacksonville	FL	32232-5005

 Purpose of Disbursement:  
Benefits
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	0

Transaction ID: D312725

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1285.46

4835.80

6121.26

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2671.49

10049.93

12721.42

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 100 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Blue State Digital, LLC

## Mailing Address

734 15th Street, NW, Suite 1200

City State Zip Code

Washington DC 20005

Purpose of Disbursement:  
Admin WebsiteCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 07 / 2010

Transaction ID: D308295

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

294.37

1107.38

1401.75

**B. Full Name (Last, First, Middle Initial)**

Broward County Council Of Professional Firefighter

## Mailing Address

813 NE 11th Avenue 3800 Inverrary Blvd

City State Zip Code

Pompano Beach FL 33060

Purpose of Disbursement:  
ContributionCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 01 / 2010

Transaction ID: D308291

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

63.00

237.00

300.00

**C. Full Name (Last, First, Middle Initial)**

Capital Business Center

## Mailing Address

1851 S Monroe St

City State Zip Code

Tallahassee FL 32301-5527

Purpose of Disbursement:  
Admin Lease/RentCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312004

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

39.19

147.41

186.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

396.56

1491.79

1888.35

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 101 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Century Link

Mailing Address

P.O. Box 96064

City	State	Zip Code
Charlotte	NC	28296

Purpose of Disbursement:  
Admin Telephone

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308285

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

126.33

475.25

601.58

**B. Full Name (Last, First, Middle Initial)**  
Ms. Christina Boltin

Mailing Address

P. O. Box 10302

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312113

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

370.68

1394.44

1765.12

**C. Full Name (Last, First, Middle Initial)**  
Ms. Christina Boltin

Mailing Address

P. O. Box 10302

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D313007

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

211.81

1553.31

1765.12

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

708.82

3423.00

4131.82

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 102 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Ms. Christina Boltin

Mailing Address

P. O. Box 10302

City	State	Zip Code
Tallahassee	FL	32302

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	1	0

Transaction ID: D311986

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60		126.40		160.00

**B. Full Name (Last, First, Middle Initial)**  
Christopher Lazo

Mailing Address

472 W. Jefferson St. Apt 318

City	State	Zip Code
Tallahassee	FL	32301

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313060

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

**C. Full Name (Last, First, Middle Initial)**  
Christopher Lazo

Mailing Address

472 W. Jefferson St. Apt 318

City	State	Zip Code
Tallahassee	FL	32301

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: D312123

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
388.16		1460.20		1848.36

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 103 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
City of Tallahassee Revenue Dept.

Mailing Address

B0x A4 300 South Adams St.

City	State	Zip Code
Tallahassee	FL	32301

 Purpose of Disbursement:  
City Tax
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	1	0

Transaction ID: D308587

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

27.47

103.33

130.80

**B. Full Name (Last, First, Middle Initial)**  
City of Tallahassee

Mailing Address

600 N Monroe St

City	State	Zip Code
Tallahassee	FL	32301-1262

 Purpose of Disbursement:  
Admin Utilities
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	0

Transaction ID: D312676

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

456.16

1716.04

2172.20

**C. Full Name (Last, First, Middle Initial)**  
Comcast

Mailing Address

PO Box 105184

City	State	Zip Code
Atlanta	GA	30348-5184

 Purpose of Disbursement:  
Admin Internet
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	0

Transaction ID: D312008

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

62.71

235.89

298.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

546.34

2055.26

2601.60

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 104 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
DeltaCom1058

Mailing Address

P.O. Box 740597

City	State	Zip Code
Atlanta	GA	30374-0597

 Purpose of Disbursement:  
Admin Telephone
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	0

Transaction ID: D312007

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
164.03		617.05		781.08

**B. Full Name (Last, First, Middle Initial)**  
Diplomat Properties, LP Hotel Operating

Mailing Address

3555 South Ocean Drive

City	State	Zip Code
Hollywood	FL	33019

 Purpose of Disbursement:  
Site Rental
Category/  
Type
 Activity or Event Identifier:  
Jefferson Jackson 2010

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

193306.14

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313281

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19927.94		146138.20		166066.14

**C. Full Name (Last, First, Middle Initial)**  
Eric Jotkoff

Mailing Address

3607 Eagle Nest Court

City	State	Zip Code
Melbourne	FL	32904

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: D312114

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.94		1248.72		1580.66

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20423.91		148003.97		168427.88

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 105 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Eric Jotkoff

Mailing Address

3607 Eagle Nest Court

City	State	Zip Code
Melbourne	FL	32904

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313008

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

189.68

1390.97

1580.65

**B. Full Name (Last, First, Middle Initial)**

Eric Jotkoff

Mailing Address

3607 Eagle Nest Court

City	State	Zip Code
Melbourne	FL	32904

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	1	0

Transaction ID: D311984

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

19.20

140.80

160.00

**C. Full Name (Last, First, Middle Initial)**

Eric Perrott

Mailing Address

704 G St NE Apt B

City	State	Zip Code
Washington	DC	20002-3681

 Purpose of Disbursement:  
Consulting/IT
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	1	0

Transaction ID: D308583

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

210.00

790.00

1000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

418.88

2321.77

2740.65

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 106 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Everest National Insurance Company

 Mailing Address  
P.O. Box 917807

 City State Zip Code  
Orlando FL 32891-7807

 Purpose of Disbursement:  
Benefits
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 1 0

Transaction ID: D308271

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.11		214.83		271.94

**B. Full Name (Last, First, Middle Initial)**  
Florida Department of Revenue

 Mailing Address  
5050 West Tennessee Street

 City State Zip Code  
Tallahassee FL 32399-0135

 Purpose of Disbursement:  
Sales Tax
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 1 0

Transaction ID: D310723

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.51		20.74		26.25

**C. Full Name (Last, First, Middle Initial)**  
Gabrielle Ann Arcangeli

 Mailing Address  
155 Whetherbine Way, West

 City State Zip Code  
Tallahassee FL 32301

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 0

Transaction ID: D311982

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
87.82		330.37		418.19

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 107 / 140  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Harry's Bar &amp; Grill

## Mailing Address

301 S. Bronough St.

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
Lunch MeetingCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 21 / 2010

Transaction ID: D312057

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.93		29.82		37.75

**B. Full Name (Last, First, Middle Initial)**

Intermedia.Net

## Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

Purpose of Disbursement:  
Admin InternetCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 24 / 2010

Transaction ID: D312236

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.23		4.61		5.84

**C. Full Name (Last, First, Middle Initial)**

Intermedia.Net

## Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

Purpose of Disbursement:  
Admin InternetCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 24 / 2010

Transaction ID: D312238

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.61		2.31		2.92

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.77		36.74		46.51

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 108 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

Purpose of Disbursement:  
Admin Internet

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
0	8

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D309066

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.86

7.01

8.87

**B. Full Name (Last, First, Middle Initial)**  
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

Purpose of Disbursement:  
Admin Internet

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
0	6

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D310722

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

97.78

367.82

465.60

**C. Full Name (Last, First, Middle Initial)**  
John E Rogers

Mailing Address

2257 Collins Rd.

City	State	Zip Code
Cairo	GA	39828

Purpose of Disbursement:  
Partial Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312951

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

36.85

138.65

175.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

136.49

513.48

649.97

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 109 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
John E Rogers

Mailing Address

2257 Collins Rd.

City	State	Zip Code
Cairo	GA	39828

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313061

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.34		151.75		192.09

**B. Full Name (Last, First, Middle Initial)**  
John E Rogers

Mailing Address

2257 Collins Rd.

City	State	Zip Code
Cairo	GA	39828

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: D312124

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.34		151.74		192.08

**C. Full Name (Last, First, Middle Initial)**  
Benjamin King

Mailing Address

513 Collins Drive

City	State	Zip Code
Tallahassee	FL	32303

 Purpose of Disbursement:  
Consulting/IT
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: D309990

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
185.68		698.49		884.17

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 110 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

9886 N Kendall Dr Apt H113

 City State Zip Code  
 Miami FL 33176-1839
Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Date 07 / 30 / 2010

Transaction ID: D313010

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
268.22		1009.04		1277.26

**B. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

9886 N Kendall Dr Apt H113

 City State Zip Code  
 Miami FL 33176-1839
Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative

Date 07 / 09 / 2010

Transaction ID: D311990

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.80		63.20		80.00

**C. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

9886 N Kendall Dr Apt H113

 City State Zip Code  
 Miami FL 33176-1839
Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Date 07 / 15 / 2010

Transaction ID: D312117

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
268.22		1009.04		1277.26

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
553.24		2081.28		2634.52

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 111 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
LMH Political Compliance

Mailing Address

29 Briarwood Dr

City	State	Zip Code
Ringgold	GA	30736-4110

Purpose of Disbursement:  
Consulting/ComplianceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 06 / 2010

Transaction ID: D308293

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
420.00		1580.00		2000.00

**B. Full Name (Last, First, Middle Initial)**  
Mailing Requirement Office-Tampa

Mailing Address

5433 W. Sligh Avenue , Ste. A

City	State	Zip Code
Tampa	FL	33634

Purpose of Disbursement:  
Admin PostageCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 28 / 2010

Transaction ID: D312677

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.85		146.15		185.00

**C. Full Name (Last, First, Middle Initial)**  
Mildred O. Smith

Mailing Address

3550 Esplanade Way, #8107

City	State	Zip Code
Tallahassee	FL	32811

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 15 / 2010

Transaction ID: D312116

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
317.53		1194.52		1512.05

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
776.38		2920.67		3697.05

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 112 / 140  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 Mildred O. Smith

Mailing Address

3550 Esplanade Way, #8107

City	State	Zip Code
Tallahassee	FL	32811

Purpose of Disbursement:  
 Salary

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D313036

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
317.53		1194.52		1512.05

**B. Full Name (Last, First, Middle Initial)**  
 Mildred O. Smith

Mailing Address

3550 Esplanade Way, #8107

City	State	Zip Code
Tallahassee	FL	32811

Purpose of Disbursement:  
 Auto Travel

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D311980

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60		126.40		160.00

**C. Full Name (Last, First, Middle Initial)**  
 Moe's Southwest Grill Corporate

Mailing Address

200 Glenridge Point Pkwy N Ste 200

City	State	Zip Code
Atlanta	GA	30342-1450

Purpose of Disbursement:  
 Lunch Meeting

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
2	7

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312674

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.02		165.61		209.63

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
395.15		1486.53		1881.68

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 113 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address

741 W Keller St

City	State	Zip Code
Hernando	FL	34442-8810

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	1	0

Transaction ID: D311983

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**B. Full Name (Last, First, Middle Initial)**  
NGP Software, Inc.

Mailing Address

1225 Eye Street NW Suite 1225

City	State	Zip Code
Washington	DC	20005-3521

 Purpose of Disbursement:  
Software/Compliance
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: D309992

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

**C. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address

445 Appleyard Drive #A2-5

City	State	Zip Code
Tallahassee	FL	32304

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313041

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.89		819.66		1037.55

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
558.09		2099.46		2657.55

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 114 / 140  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 Nicholas Pellito

Mailing Address

445 Appleyard Drive #A2-5

City	State	Zip Code
Tallahassee	FL	32304

Purpose of Disbursement:  
 Salary

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312120

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

217.89

819.67

1037.56

**B. Full Name (Last, First, Middle Initial)**  
 Nicholas Pellito

Mailing Address

445 Appleyard Drive #A2-5

City	State	Zip Code
Tallahassee	FL	32304

Purpose of Disbursement:  
 Auto Travel

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D311985

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

33.60

126.40

160.00

**C. Full Name (Last, First, Middle Initial)**  
 One Source Supply Center

Mailing Address

5855 Green Valley Circle #206

City	State	Zip Code
Culver City	CA	90230

Purpose of Disbursement:  
 Admin Office Supplies

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312006

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

111.09

417.91

529.00

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

362.58

1363.98

1726.56

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 115 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Osmond Johnson Janitorial Service

Mailing Address

24131 Lake Talquin Drive

City	State	Zip Code
Tallahassee	FL	32310-4603

Purpose of Disbursement:  
Janitorial ServiceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 07 / 2010

Transaction ID: D308488

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

**B. Full Name (Last, First, Middle Initial)**  
PAC Strategies, LLC

Mailing Address

P.O. Box 7084

City	State	Zip Code
Alexandria	VA	22307

Purpose of Disbursement:  
Consulting/ComplianceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312009

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

**C. Full Name (Last, First, Middle Initial)**  
PAi

Mailing Address

P. O. Box 60

City	State	Zip Code
DePere	WI	54115-0060

Purpose of Disbursement:  
BenefitsCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 07 / 2010

Transaction ID: D312131

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
468.93		1764.07		2233.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 116 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address

2069 North Monroe Street

City	State	Zip Code
Tallahassee	FL	32303

 Purpose of Disbursement:  
Payroll Fees
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: D312072

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.19		38.31		48.50

**B. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address

2069 North Monroe Street

City	State	Zip Code
Tallahassee	FL	32303

 Purpose of Disbursement:  
Payroll Tax
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: D312078

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1370.35		5155.13		6525.48

**C. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address

2069 North Monroe Street

City	State	Zip Code
Tallahassee	FL	32303

 Purpose of Disbursement:  
Payroll Tax
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313333

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1370.35		5155.12		6525.47

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2750.89		10348.56		13099.45

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 117 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address

2069 North Monroe Street

City	State	Zip Code
Tallahassee	FL	32303

Purpose of Disbursement:  
Payroll FeeCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 30 / 2010

Transaction ID: D313334

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.19		38.31		48.50

**B. Full Name (Last, First, Middle Initial)**  
Principal Financial Group

Mailing Address

P. B. Box 14416 Dept. 900

City	State	Zip Code
Des Moines	IA	50306-3416

Purpose of Disbursement:  
BenefitsCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 28 / 2010

Transaction ID: D312735

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.98		394.92		499.90

**C. Full Name (Last, First, Middle Initial)**  
Purchase Power

Mailing Address

P.O. Box 856042

City	State	Zip Code
Louisville	KY	40285

Purpose of Disbursement:  
Admin PostageCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 21 / 2010

Transaction ID: D312017

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		78.99		99.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
136.17		512.22		648.39

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 118 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Ricoh Americas Corporation

Mailing Address

21146 Network Place

City	State	Zip Code
Chicago	IL	60673-1211

 Purpose of Disbursement:  
Admin Lease/Rent
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: D312186

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
226.00		850.20		1076.20

**B. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

Mailing Address

1544 Lorimier Road

City	State	Zip Code
Jacksonville	FL	32207

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: D312119

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
888.74		3343.34		4232.08

**C. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

Mailing Address

1544 Lorimier Road

City	State	Zip Code
Jacksonville	FL	32207

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313039

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
888.74		3343.35		4232.09

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2003.48		7536.89		9540.37

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 119 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

1544 Lorimier Road

City State Zip Code

Jacksonville FL 32207

## Purpose of Disbursement:

Auto Travel

Category/  
Type

## Activity or Event Identifier:

Administrative

Date 07 / 09 / 2010

Transaction ID: D311989

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.00		158.00		200.00

**B. Full Name (Last, First, Middle Initial)**

Service Office Supply

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

PO Box 15038

City State Zip Code

Tallahassee FL 32317-5038

## Purpose of Disbursement:

Admin Office Supplies

Category/  
Type

## Activity or Event Identifier:

Administrative

Date 07 / 07 / 2010

Transaction ID: D308584

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.28		264.39		334.67

**C. Full Name (Last, First, Middle Initial)**

Southwest Airlines

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

2425 Wyman St

City State Zip Code

Dallas TX 75235-2501

## Purpose of Disbursement:

Air Travel

Category/  
Type

## Activity or Event Identifier:

Administrative

Date 07 / 12 / 2010

Transaction ID: D312210

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.88		221.52		280.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
171.16		643.91		815.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 120 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Sprint

Mailing Address

6450 Sprint Parkway

City	State	Zip Code
Overland Park	KS	66251

Purpose of Disbursement:  
Admin Internet

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312005

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

41.14

154.78

195.92

**B. Full Name (Last, First, Middle Initial)**  
Stephen Carville

Mailing Address

2401 W. Morrison Ave., Apt 610 Burden Ln

City	State	Zip Code
Tampa	FL	33609

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D313058

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

177.28

666.90

844.18

**C. Full Name (Last, First, Middle Initial)**  
Stephen Carville

Mailing Address

2401 W. Morrison Ave., Apt 610 Burden Ln

City	State	Zip Code
Tampa	FL	33609

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312121

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

177.28

666.90

844.18

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

395.70

1488.58

1884.28

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 121 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Sunstream Strategies

Mailing Address

1007 N Federal Hwy

City	State	Zip Code
Fort Lauderdale	FL	33304-1422

Purpose of Disbursement:  
Consulting/PoliticalCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 08 / 2010

Transaction ID: D308272

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1575.00		5925.00		7500.00

**B. Full Name (Last, First, Middle Initial)**  
T-Mobile

Mailing Address

PO Box 37380

City	State	Zip Code
Albuquerque	NM	87176-7380

Purpose of Disbursement:  
Admin Cell PhoneCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 07 / 2010

Transaction ID: D308294

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.72		89.23		112.95

**C. Full Name (Last, First, Middle Initial)**  
Karen L. Thurman

Mailing Address

9067 S.W. 190th Ave., Rd.

City	State	Zip Code
Dunnellon	FL	34423

Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 09 / 2010

Transaction ID: D311988

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1623.92		6109.03		7732.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 122 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Tracy N Henderson

Mailing Address

213 Young Street

City	State	Zip Code
Tallahassee	FL	32301

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	1	0

Transaction ID: D311981

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**B. Full Name (Last, First, Middle Initial)**  
Tracy N Henderson

Mailing Address

213 Young Street

City	State	Zip Code
Tallahassee	FL	32301

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	1	0

Transaction ID: D308292

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
168.00		632.00		800.00

**C. Full Name (Last, First, Middle Initial)**  
Tracy N Henderson

Mailing Address

213 Young Street

City	State	Zip Code
Tallahassee	FL	32301

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: D313057

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
214.59		807.27		1021.86

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
407.79		1534.07		1941.86

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 123 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Tracy N Henderson

Mailing Address

213 Young Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312128

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

214.59

807.27

1021.86

**B. Full Name (Last, First, Middle Initial)**  
WalMart Stores, Inc.

Mailing Address

702 SW 8th St

City	State	Zip Code
Bentonville	AR	72716-6209

Purpose of Disbursement:  
Admin Office Supplies

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312136

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.95

26.13

33.08

**C. Full Name (Last, First, Middle Initial)**  
WalMart Stores, Inc.

Mailing Address

702 SW 8th St

City	State	Zip Code
Bentonville	AR	72716-6209

Purpose of Disbursement:  
Admin Office Supplies

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D310724

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

16.41

61.71

78.12

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

237.95

895.11

1133.06

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Mailing Address

1544 Lorimer Road

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 01 / 2010

Transaction ID: D305806

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.40		584.60		740.00

**B. Full Name (Last, First, Middle Initial)**

Polos on Park

## Mailing Address

2626 Park Ave

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
LodgingCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 01 / 2010

Transaction ID: D305807

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.40		584.60		740.00

**C. Full Name (Last, First, Middle Initial)**

Alyssa Miller

## Mailing Address

900 Riggins Road #723

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 01 / 2010

Transaction ID: D305809

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.17		252.71		319.88

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
222.57		837.31		1059.88

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 125 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Alyssa Miller

Mailing Address

900 Riggins Road #723

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D305810

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

54.48

204.93

259.41

**B. Full Name (Last, First, Middle Initial)**  
Contemporary Hotel

Mailing Address

4600 World Drive

City	State	Zip Code
Orlando	FL	32830

Purpose of Disbursement:  
Lunch Meeting

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D305811

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

12.70

47.77

60.47

**C. Full Name (Last, First, Middle Initial)**  
Karen L. Thurman

Mailing Address

9067 S.W. 190th Ave., Rd.

City	State	Zip Code
Dunnellon	FL	34423

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
0	9

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D310198

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

252.00

948.00

1200.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

252.00

948.00

1200.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 126 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Doverree Properties, LLC

Mailing Address

Attn: Mr. Leonard Pepper 310 W. Jefferson St.

City	State	Zip Code
Tallahassee	FL	32301-1419

Purpose of Disbursement:  
Lodging

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 09 / 2010

Transaction ID: D310199

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
252.00		948.00		1200.00

**B. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address

741 W Keller St

City	State	Zip Code
Hernando	FL	34442-8810

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 09 / 2010

Transaction ID: D310204

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**C. Full Name (Last, First, Middle Initial)**  
Blue Cross and Blue Shield of Florida

Mailing Address

P.O. Box 2210

City	State	Zip Code
Jacksonville	FL	32232-5005

Purpose of Disbursement:  
Benefits

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 09 / 2010

Transaction ID: D310205

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 127 / 140  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Christopher Lazo

## Mailing Address

472 W. Jefferson St. Apt 318

City State Zip Code

Tallahassee FL 32301

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	1	0

Transaction ID: D310698

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

42.41

159.52

201.93

**B. Full Name (Last, First, Middle Initial)**

Applebees

## Mailing Address

3255 University Pkwy.

City State Zip Code

Sarasota FL 34243

Purpose of Disbursement:  
Lunch MeetingCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	1	0

Transaction ID: D310700

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.47

9.28

11.75

**C. Full Name (Last, First, Middle Initial)**

Christopher Lazo

## Mailing Address

472 W. Jefferson St. Apt 318

City State Zip Code

Tallahassee FL 32301

Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	1	0

Transaction ID: D310699

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

39.94

150.24

190.18

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

42.41

159.52

201.93

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 128 / 140  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 Stephen Carville

Mailing Address

2401 W. Morrison Ave., Apt 610 Burden Ln

City	State	Zip Code
Tampa	FL	33609

Purpose of Disbursement:  
 Staff Reimbursement

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D310701

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

12.03

45.26

57.29

**B. Full Name (Last, First, Middle Initial)**  
 Popeyes

Mailing Address

491 Tennessee St.

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
 Lunch Meeting

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D310706

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.53

5.74

7.27

**C. Full Name (Last, First, Middle Initial)**  
 Stephen Carville

Mailing Address

2401 W. Morrison Ave., Apt 610 Burden Ln

City	State	Zip Code
Tampa	FL	33609

Purpose of Disbursement:  
 Auto Travel

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D310702

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.50

39.52

50.02

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

12.03

45.26

57.29

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 129 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Mailing Address

1544 Lorimer Road

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 19 / 2010

Transaction ID: D311828

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.41		24.10		30.51

**B. Full Name (Last, First, Middle Initial)**

USAPARK.net

## Mailing Address

1735 Airport Rd

City	State	Zip Code
Jacksonville	FL	32218-2411

Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 19 / 2010

Transaction ID: D311829

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.41		24.10		30.51

**C. Full Name (Last, First, Middle Initial)**

Tracy N Henderson

## Mailing Address

213 Young Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 19 / 2010

Transaction ID: D311830

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.43		106.97		135.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.84		131.07		165.91

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 130 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
7-Eleven Corporate

Mailing Address

2711 North Haskell

City	State	Zip Code
Dallas	TX	75204

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	0

Transaction ID: D311832

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

**B. Full Name (Last, First, Middle Initial)**  
Florida's Turnpike

Mailing Address

Turnpike Mile Post 263 Bldg. 5315

City	State	Zip Code
Ocoee	FL	34761

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	0

Transaction ID: D311831

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.38		24.02		30.40

**C. Full Name (Last, First, Middle Initial)**  
King Orange Gas Station

Mailing Address

1232 S. Main Street

City	State	Zip Code
Wildwood	FL	34785

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	0

Transaction ID: D311834

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.35		27.65		35.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 131 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Travel Center of America

Mailing Address

556 E State Road 44

City

Wildwood

State

FL

Zip Code

34785-9474

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 19 / 2010

Transaction ID: D311833

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8.40

31.60

40.00

**B. Full Name (Last, First, Middle Initial)**  
Ms. Christina Boltin

Mailing Address

P. O. Box 10302

City

Tallahassee

State

FL

Zip Code

32302

 Purpose of Disbursement:  
Staff Reimbursement
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 15 / 2010

Transaction ID: D311845

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.20

94.80

120.00

**C. Full Name (Last, First, Middle Initial)**  
Verizon Wireless

Mailing Address

P.O. Box 660108

City

Dallas

State

TX

Zip Code

75266

 Purpose of Disbursement:  
Admin Cell Phone
Category/  
Type
 Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 15 / 2010

Transaction ID: D311851

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.20

94.80

120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.20

94.80

120.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 132 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Mailing Address

9886 N Kendall Dr Apt H113

City	State	Zip Code
Miami	FL	33176-1839

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 14 / 2010

Transaction ID: D311859

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.31		61.35		77.66

**B. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Mailing Address

9886 N Kendall Dr Apt H113

City	State	Zip Code
Miami	FL	33176-1839

Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 14 / 2010

Transaction ID: D311860

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.31		61.35		77.66

**C. Full Name (Last, First, Middle Initial)**

Mildred O. Smith

## Mailing Address

3550 Esplanade Way, #8107

City	State	Zip Code
Tallahassee	FL	32811

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312058

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.71		160.69		203.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.02		222.04		281.06

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 133 / 140  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 Chevron

Mailing Address

501 El Camino Real

City	State	Zip Code
San Ramon	CA	94030

Purpose of Disbursement:  
 Auto Travel

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312100

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.30

23.70

30.00

**B. Full Name (Last, First, Middle Initial)**  
 Fast Track

Mailing Address

114 Millinor St.

City	State	Zip Code
Madison	FL	32340

Purpose of Disbursement:  
 Auto Travel

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312062

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.30

23.70

30.00

**C. Full Name (Last, First, Middle Initial)**  
 First Coast Energy

Mailing Address

2090 W Oakland Blvd.

City	State	Zip Code
Lake Worth	FL	33467

Purpose of Disbursement:  
 Auto Travel

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312099

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.40

31.60

40.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 134 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Florida's Turnpike

## Mailing Address

Turnpike Mile Post 263 Bldg. 5315

City State Zip Code

Ocoee FL 34761

Purpose of Disbursement:  
Auto TravelCategory/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312060

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.96

22.44

28.40

**B. Full Name (Last, First, Middle Initial)**

Island Way Shell

## Mailing Address

6812 Indiantown Road

City State Zip Code

Jupiter FL 33458

Purpose of Disbursement:  
Auto TravelCategory/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312098

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.25

19.75

25.00

**C. Full Name (Last, First, Middle Initial)**

Kangaroo Gas Station

## Mailing Address

4301 SW 43rd Street

City State Zip Code

Gainesville FL 32608

Purpose of Disbursement:  
Auto TravelCategory/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 20 / 2010

Transaction ID: D312101

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.30

23.70

30.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 135 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Murphy USA

Mailing Address

4712 Colonial Blvd.

City	State	Zip Code
Ft. Myers	FL	33912

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312061

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.20

15.80

20.00

**B. Full Name (Last, First, Middle Initial)**  
Ms. Christina Boltin

Mailing Address

P. O. Box 10302

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312141

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

13.87

52.19

66.06

**C. Full Name (Last, First, Middle Initial)**  
Circle K

Mailing Address

205 N Magnolia Dr

City	State	Zip Code
Tallahassee	FL	32301-2637

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 

M	M
0	7

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: D312142

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.33

31.33

39.66

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

13.87

52.19

66.06

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 136 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Florida's Turnpike

## Mailing Address

Turnpike Mile Post 263 Bldg. 5315

City State Zip Code

Ocoee FL 34761

Purpose of Disbursement:  
Auto TravelCategory/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 21 / 2010

Transaction ID: D312143

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.54

20.86

26.40

**B. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Mailing Address

9886 N Kendall Dr Apt H113

City State Zip Code

Miami FL 33176-1839

Purpose of Disbursement:  
Staff ReimbursementCategory/  
Type

Activity or Event Identifier:

Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 21 / 2010

Transaction ID: D312146

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

41.55

156.31

197.86

**C. Full Name (Last, First, Middle Initial)**

AT&amp;T Mobility

## Mailing Address

PO Box 538695

City State Zip Code

Atlanta GA 30353-8695

Purpose of Disbursement:  
Admin Cell PhoneCategory/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 21 / 2010

Transaction ID: D312148

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

25.20

94.80

120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

41.55

156.31

197.86

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 137 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

9886 N Kendall Dr Apt H113

City State Zip Code  
Miami FL 33176-1839

Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

Date 07 / 21 / 2010

Transaction ID: D312147

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

16.35

61.51

77.86

**B. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

1544 Lorimer Road

City State Zip Code  
Jacksonville FL 32207

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

Date 07 / 28 / 2010

Transaction ID: D312680

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.91

101.25

128.16

**C. Full Name (Last, First, Middle Initial)**

AT&amp;T Mobility

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

## Mailing Address

PO Box 538695

City State Zip Code  
Atlanta GA 30353-8695

Purpose of Disbursement:  
Admin Cell PhoneCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

Date 07 / 28 / 2010

Transaction ID: D312681

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.91

101.25

128.16

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.91

101.25

128.16

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 138 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address

445 Appleyard Drive #A2-5

City	State	Zip Code
Tallahassee	FL	32304

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 28 / 2010

Transaction ID: D312682

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.29		38.70		48.99

**B. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address

445 Appleyard Drive #A2-5

City	State	Zip Code
Tallahassee	FL	32304

Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 28 / 2010

Transaction ID: D312683

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.29		38.70		48.99

**C. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address

741 W Keller St

City	State	Zip Code
Hernando	FL	34442-8810

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 28 / 2010

Transaction ID: D312684

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
145.15		546.05		691.20

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.44		584.75		740.19

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 139 / 140  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Ms. Anne O Morgan

## Mailing Address

741 W Keller St

City	State	Zip Code
Hernando	FL	34442-8810

Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 28 / 2010

Transaction ID: D312685

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

145.15

546.05

691.20

**B. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Mailing Address

1544 Lorimer Road

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 30 / 2010

Transaction ID: D313284

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

152.27

572.81

725.08

**C. Full Name (Last, First, Middle Initial)**

Polos on Park

## Mailing Address

2626 Park Ave

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
Travel/LodgingCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

740592.00

Date 07 / 30 / 2010

Transaction ID: D313285

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

152.27

572.81

725.08

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

152.27

572.81

725.08

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

39608.09

222421.17

262029.26

**SCHEDULE L (FEC Form 3X)**

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**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SchedL1

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

NAME OF ACCOUNT

NF expenses

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	6437.91	6437.91
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	6437.91	6437.91
10. DISBURSEMENTS..... (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	6437.91	6437.91